

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 39

For Official Use Only

Statement covers period

from 10/01/2017

through 12/31/2017

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1392639

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
GOVERN FOR CALIFORNIA COURAGE COMMITTEE

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415)389-6800

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS
(415) 388-6874 / FORM410@NMGOVLAW.COM

Treasurer(s)

NAME OF TREASURER
STEVEN S. LUCAS

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415) 389-6800

NAME OF ASSISTANT TREASURER, IF ANY
JAMES W. CARSON

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN RAFAEL	CA	94901	(415) 389-6800

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/30/2018 By STEVEN S. LUCAS
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 10/01/2017 through 12/31/2017	CALIFORNIA FORM 460 Page 3 of 39 I.D. NUMBER 1392639
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GOVERN FOR CALIFORNIA COURAGE COMMITTEE

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$80,010.00	\$351,310.00
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$80,010.00	\$351,310.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$4,461.06
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$80,010.00	\$355,771.06

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$81,835.64	\$199,722.79
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$81,835.64	\$199,722.79
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$4,546.15	\$5,703.07
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$4,461.06
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$86,381.79	\$209,886.92

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$242,628.35	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$80,010.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00	
15. Cash Payments	Column A, Line 8 above	\$81,835.64	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$240,802.71	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$5,703.07

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from 10/01/2017		
through 12/31/2017		Page 4 of 39
NAME OF FILER GOVERN FOR CALIFORNIA COURAGE COMMITTEE		I.D. Number 1392639

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/11/2017	MICHAEL SIGLER Pasadena, CA 91105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ASTRA ZENECA SALES	\$200.00	\$200.00	
10/12/2017	CARL ZLATCHIN San Francisco, CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED; CARL ZLATCHIN PSYCHOLOGIST	\$200.00	\$200.00	
10/23/2017	ALEXANDRA BOWES San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF; ALEXANDRA BOWES ARTIST	\$1,000.00	\$1,000.00	
11/5/2017	JANIS MACKENZIE Tiburon, CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
11/6/2017	FRED PORT RANCHO SANTA FE, CA 92067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00	\$100.00	

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$79,955.00
2. Amount received this period - unitemized contributions of less than \$100	\$55.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$80,010.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page <u>5</u> of <u>39</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GOVERN FOR CALIFORNIA COURAGE COMMITTEE

I.D. Number

1392639

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/28/2017	CHRIS BOSKIN Portola Valley, CA 94028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$1,000.00	\$1,000.00	
11/28/2017	JOHN DAWSON Palo Alto, CA 94301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$3,300.00	\$7,300.00	
11/30/2017	LINDA ACH San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	\$3,000.00	\$6,000.00	
12/1/2017	WADE HUFFORD Oakland, CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LAW OFFICES OF WADE H. HUFFORD ATTORNEY	\$100.00	\$100.00	
12/14/2017	GREGORY ANNICK PASADENA, CA 91101 Memo Reference: INC300	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED/GREGORY ANNICK CONSULTANT	\$2,600.00	\$2,600.00	

SUBTOTAL

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(other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/01/2017		
through 12/31/2017		Page 6 of 39

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GOVERN FOR CALIFORNIA COURAGE COMMITTEE

I.D. Number
1392639

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/14/2017	NANCY ANNICK PASADENA, CA 91101 Memo Reference: INC301	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED/NANCY ANNICK ATTORNEY	\$2,300.00	\$2,300.00	
12/14/2017	GREGORY FLYNN San Francisco, CA 94118 Memo Reference: INC298	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FLYNN PROPERTIES, INC PRESIDENT & CEO	\$1,000.00	\$1,000.00	
12/14/2017	GENE FRANTZ Hillsborough, CA 94010 Memo Reference: INC292	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CAPITAL G FINANCE	\$4,800.00	\$7,300.00	
12/14/2017	GEORGE HUME San Francisco, CA 94118 Memo Reference: INC294	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BASIC AMERICAN, INC. CEO/PRESIDENT	\$300.00	\$7,300.00	
12/14/2017	FRANKLIN P. JOHNSON JR. Palo Alto, CA 94303 Memo Reference: INC289	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ASSET MANAGEMENT COMPANY FOUNDER	\$3,500.00	\$3,500.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GOVERN FOR CALIFORNIA COURAGE COMMITTEE

I.D. Number
1392639

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/14/2017	SCOTT KEPNER Belmont, CA 94002 Memo Reference: INC296	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VILLAGE PROPERTIES PARTNER	\$7,300.00	\$7,300.00	
12/14/2017	GEORGE G. MONTGOMERY, JR. San Francisco, CA 94123 Memo Reference: INC295	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	\$1,000.00	\$1,000.00	
12/14/2017	MCKINSEY PINKUS WOODSIDE, CA 94062 Memo Reference: INC293	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MCKINSEY & COMPANY, INC. MANAGEMENT CONSULTANT	\$730.00	\$730.00	
12/14/2017	KATHRYN HALLSTEN RITCHEY Palo Alto, CA 94301 Memo Reference: INC291	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF EMPLOYED/KATHRYN HALLSTEN RITCHEY PHYSICIAN	\$500.00	\$500.00	
12/14/2017	LESLIE WALKER San Francisco, CA 94118 Memo Reference: INC297	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE COMMUNITY VOLUNTEER	\$400.00	\$400.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>8</u> of <u>39</u>
NAME OF FILER GOVERN FOR CALIFORNIA COURAGE COMMITTEE		I.D. Number 1392639

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/14/2017	WARREN E. SPIEKER, JR., INCLUDING SPIEKER REALTY INVESTMENTS Atherton, CA 94027 Memo Reference: INC304	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$7,300.00	\$7,300.00	
12/14/2017	JOHN A. WEISSENBACH Los Angeles, CA 90049 Memo Reference: INC290	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$7,300.00	\$7,300.00	
12/22/2017	SUJAY JASWA San Francisco, CA 94118 Memo Reference: INC302	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WNDRCO HOLDINGS, LLC MANAGING PARTNER	\$700.00	\$700.00	
12/22/2017	THOMAS C. SADLER Woodside, CA 94062 Memo Reference: INC303	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	\$1,825.00	\$1,825.00	
12/25/2017	JAMES MAGILL San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CIBO CMO	\$1,000.00	\$1,000.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GOVERN FOR CALIFORNIA COURAGE COMMITTEE

I.D. Number

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/26/2017	PETER WILLIAM PARISH San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TEN STRANDS FOUNDER	\$5,000.00	\$5,000.00	
12/27/2017	GAIL BARDIN Coronado, CA 92118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00	\$100.00	
12/27/2017	THOMAS PAPER San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WEBSTER PACIFIC LLC MANAGEMENT CONSULTANT	\$300.00	\$300.00	
12/28/2017	JOHN HOSBEIN Petaluma, CA 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KAISER PERMANENTE INSURANCE	\$100.00	\$100.00	
12/29/2017	KENNETH CHRISTOPHER ANDERSON San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SANSOME PARTNERS INVESTMENT ANALYST	\$100.00	\$100.00	
SUBTOTAL						

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 10 of 39
NAME OF FILER GOVERN FOR CALIFORNIA COURAGE COMMITTEE		I.D. Number 1392639

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/29/2017	DORIS FISHER San Francisco, CA 94188	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	\$7,300.00	\$7,300.00	
12/29/2017	JOHN FISHER San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PISCES, INC. INVESTOR	\$7,300.00	\$7,300.00	
12/29/2017	LAURA FISHER San Francisco, CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NONE	\$7,300.00	\$7,300.00	
12/31/2017	JANET EYRE San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$500.00	\$500.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL				\$79,955.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
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to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 10/01/2017
through 12/31/2017

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GOVERN FOR CALIFORNIA COURAGE COMMITTEE

I.D. NUMBER
1392639

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>10/01/2017</u> through <u>12/31/2017</u>	CALIFORNIA FORM 460
	Page <u>12</u> of <u>39</u>
I.D. Number 1392639	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GOVERN FOR CALIFORNIA COURAGE COMMITTEE

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C

Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/01/2017</u> through <u>12/31/2017</u>	CALIFORNIA FORM 460
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I.D. Number 1392639	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GOVERN FOR CALIFORNIA COURAGE COMMITTEE

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period

from 10/01/2017

through 12/31/2017

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GOVERN FOR CALIFORNIA COURAGE COMMITTEE

I.D. NUMBER
1392639

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/5/2017	Payee Name: HERTZBERG FOR SENATE 2018 Candidate Name: ROBERT M. HERTZBERG State Senator District 18 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$2,000.00	2018P: \$2,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/24/2017	Payee Name: TIM GRAYSON FOR ASSEMBLY 2018 Candidate Name: TIM GRAYSON State Assembly Person District 14 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,100.00	\$4,400.00	2018P: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/1/2017	Payee Name: BILL DODD FOR SENATE 2020 Candidate Name: BILL DODD State Senator District 03 Jurisdiction: Senate Memo Reference: EXP219	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		(\$4,400.00)	\$4,400.00	2020P: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$76,000.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$76,000.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/01/2017

through 12/31/2017

CALIFORNIA
FORM 460

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NAME OF FILER
 GOVERN FOR CALIFORNIA COURAGE COMMITTEE

I.D. NUMBER
 1392639

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2017	Payee Name: BILL DODD FOR SENATE 2020 Candidate Name: BILL DODD State Senator District 03 Jurisdiction: Senate Memo Reference: EXP220	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,400.00	\$4,400.00	2020P: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/16/2017	Payee Name: RE-ELECT SCOTT WIENER FOR STATE SENATE 2020 Candidate Name: SCOTT WIENER State Senator District 11 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,000.00	\$4,400.00	2020P: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/20/2017	Payee Name: RENDON FOR ASSEMBLY 2018 Candidate Name: ANTHONY RENDON State Assembly Person District 63 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,300.00	\$1,300.00	2018P: \$1,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
11/28/2017	Payee Name: BLOOM FOR ASSEMBLY 2018 Candidate Name: RICHARD BLOOM State Assembly Person District 50 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,000.00	\$4,300.00	2018P: \$4,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/01/2017

through 12/31/2017

CALIFORNIA
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NAME OF FILER
 GOVERN FOR CALIFORNIA COURAGE COMMITTEE

I.D. NUMBER
 1392639

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/29/2017	Payee Name: TODD GLORIA FOR ASSEMBLY 2018 Candidate Name: TODD GLORIA State Assembly Person District 78 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,400.00	\$4,400.00	2018P: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/5/2017	Payee Name: CATHARINE BAKER FOR ASSEMBLY 2018 Candidate Name: CATHARINE BAKER State Assembly Person District 16 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$900.00	\$8,800.00	2018P: \$4,400.00 2018G: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/5/2017	Payee Name: ANNA CABALLERO FOR SENATE 2018 Candidate Name: ANNA CABALLERO State Senator District 12 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,400.00	\$8,800.00	2018P: \$4,400.00 2018G: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/5/2017	Payee Name: BUFFY WICKS FOR ASSEMBLY 2018 Candidate Name: BUFFY WICKS State Assembly Person District 15 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,400.00	\$8,800.00	2018P: \$4,400.00 2018G: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/01/2017

through 12/31/2017

CALIFORNIA
FORM 460

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NAME OF FILER
 GOVERN FOR CALIFORNIA COURAGE COMMITTEE

I.D. NUMBER
 1392639

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/5/2017	Payee Name: MARC BERMAN FOR ASSEMBLY 2018 Candidate Name: MARC BERMAN State Assembly Person District 24 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,400.00	\$4,400.00	2018P: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/5/2017	Payee Name: FRIEDMAN FOR ASSEMBLY 2018 Candidate Name: LAURA FRIEDMAN State Assembly Person District 43 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$500.00	\$4,400.00	2018P: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/5/2017	Payee Name: GLAZER FOR SENATE 2020 Candidate Name: STEVEN GLAZER State Senator District 07 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$900.00	\$4,400.00	2020P: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/5/2017	Payee Name: KILEY FOR ASSEMBLY 2018 Candidate Name: KEVIN KILEY State Assembly Person District 06 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,400.00	\$4,400.00	2018P: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/01/2017

through 12/31/2017

CALIFORNIA
FORM 460

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NAME OF FILER
 GOVERN FOR CALIFORNIA COURAGE COMMITTEE

I.D. NUMBER
 1392639

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/5/2017	Payee Name: FRIENDS OF MARC LEVINE FOR ASSEMBLY 2018 Candidate Name: MARC LEVINE State Assembly Person District 10 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,800.00	\$4,400.00	2018P: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/5/2017	Payee Name: STERN FOR SENATE 2020 Candidate Name: HENRY STERN State Senator District 27 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$500.00	\$4,400.00	2020P: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/5/2017	Payee Name: RE-ELECT SCOTT WIENER FOR STATE SENATE 2020 Candidate Name: SCOTT WIENER State Senator District 11 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,100.00	\$4,400.00	2020P: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/5/2017	Payee Name: MARSHALL TUCK FOR STATE SUPERINTENDENT OF PUBLIC INSTRUCTION 2018 Candidate Name: MARSHALL TUCK Superintendent of Public Instruction Jurisdiction: Statewide	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$7,300.00	\$7,300.00	2018P: \$7,300.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/01/2017		
through 12/31/2017		Page 19 of 39
NAME OF FILER GOVERN FOR CALIFORNIA COURAGE COMMITTEE		I.D. NUMBER 1392639

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/5/2017	Payee Name: ROBERT RIVAS FOR ASSEMBLY 2018 Candidate Name: ROBERT RIVAS State Assembly Person District 30 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,400.00	\$8,800.00	2018P: \$4,400.00 2018G: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/5/2017	Payee Name: MARK KERSEY FOR SENATE 2018 Candidate Name: MARK KERSEY State Senator District 38 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,400.00	\$8,800.00	2018P: \$4,400.00 2018G: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/5/2017	LOS ANGELES COUNTY YOUNG DEMOCRATS Jurisdiction: GENERAL PURPOSE COMMITTEE	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,500.00	\$2,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/18/2017	Payee Name: CATHARINE BAKER FOR ASSEMBLY 2018 Candidate Name: CATHARINE BAKER State Assembly Person District 16 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,400.00	\$8,800.00	2018P: \$4,400.00 2018G: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL						

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/01/2017

through 12/31/2017

CALIFORNIA
FORM 460

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NAME OF FILER
 GOVERN FOR CALIFORNIA COURAGE COMMITTEE

I.D. NUMBER
 1392639

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/18/2017	Payee Name: ANNA CABALLERO FOR SENATE 2018 Candidate Name: ANNA CABALLERO State Senator District 12 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,400.00	\$8,800.00	2018P: \$4,400.00 2018G: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/18/2017	Payee Name: MARK KERSEY FOR SENATE 2018 Candidate Name: MARK KERSEY State Senator District 38 Jurisdiction: Senate	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,400.00	\$8,800.00	2018P: \$4,400.00 2018G: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/18/2017	Payee Name: ROBERT RIVAS FOR ASSEMBLY 2018 Candidate Name: ROBERT RIVAS State Assembly Person District 30 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,400.00	\$8,800.00	2018P: \$4,400.00 2018G: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
12/18/2017	Payee Name: BUFFY WICKS FOR ASSEMBLY 2018 Candidate Name: BUFFY WICKS State Assembly Person District 15 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$4,400.00	\$8,800.00	2018P: \$4,400.00 2018G: \$4,400.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/01/2017

through 12/31/2017

CALIFORNIA
FORM 460

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NAME OF FILER
 GOVERN FOR CALIFORNIA COURAGE COMMITTEE

I.D. NUMBER
 1392639

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/27/2017	Payee Name: EVAN LOW FOR ASSEMBLY 2018 Candidate Name: EVAN LOW State Assembly Person District 28 Jurisdiction: Assembly District	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure		\$1,300.00	\$2,600.00	2018P: \$2,600.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$76,000.00						

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 10/01/2017 through 12/31/2017	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GOVERN FOR CALIFORNIA COURAGE COMMITTEE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
HERTZBERG FOR SENATE 2018 ENCINO, CA 91436-1872	CTB			\$1,000.00
Committee ID: 1373423 EMERGE CALIFORNIA Oakland, CA 94612	CVC			\$2,500.00
STRIPE, INC. San Francisco, CA 94110			CREDIT CARD PROCESSING FEE	\$12.10

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$81,785.64
2. Unitemized payments made this period of under \$100.	\$50.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$81,835.64

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 23 of 39
I.D. NUMBER 1392639		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GOVERN FOR CALIFORNIA COURAGE COMMITTEE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
TIM GRAYSON FOR ASSEMBLY 2018 Sacramento, CA 95815	CTB		\$1,100.00
Committee ID: 1392593 STRIPE, INC. San Francisco, CA 94110		CREDIT CARD PROCESSING FEE	\$59.30
BILL DODD FOR SENATE 2020 SACRAMENTO, CA 95841 Memo Reference: EXP219	CTB		(\$4,400.00)
Committee ID: 1392482 BILL DODD FOR SENATE 2020 SACRAMENTO, CA 95841 Memo Reference: EXP220	CTB		\$4,400.00
Committee ID: 1392482 NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP San Rafael, CA 95814	PRO		\$1,156.92

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through 12/31/2017		Page 24 of 39
NAME OF FILER GOVERN FOR CALIFORNIA COURAGE COMMITTEE		I.D. NUMBER 1392639

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RE-ELECT SCOTT WIENER FOR STATE SENATE 2020 San Francisco, CA 94102	CTB		\$2,000.00
Committee ID: 1392654			
RENDON FOR ASSEMBLY 2018 Long Beach, CA 90807	CTB		\$1,300.00
Committee ID: 1393414			
BLOOM FOR ASSEMBLY 2018 Long Beach, CA 90802	CTB		\$1,000.00
Committee ID: 1392468			
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP San Rafael, CA 95814	PRO		\$1,592.34
TODD GLORIA FOR ASSEMBLY 2018 San Diego, CA 92101	CTB		\$4,400.00
Committee ID: 1392977			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through 12/31/2017		Page 25 of 39
NAME OF FILER GOVERN FOR CALIFORNIA COURAGE COMMITTEE		I.D. NUMBER 1392639

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GOVERN FOR CALIFORNIA COURAGE COMMITTEE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CATHARINE BAKER FOR ASSEMBLY 2018 Dublin, CA 94568	CTB			\$900.00
Committee ID: 1392518				
ANNA CABALLERO FOR SENATE 2018 Sacramento, CA 95815	CTB			\$4,400.00
Committee ID: 1394879				
BUFFY WICKS FOR ASSEMBLY 2018 Oakland, CA 94618	CTB			\$4,400.00
Committee ID: 1396734				
MARC BERMAN FOR ASSEMBLY 2018 Palo Alto, CA 94301	CTB			\$4,400.00
Committee ID: 1392758				
FRIEDMAN FOR ASSEMBLY 2018 Encino, CA 91436	CTB			\$500.00
Committee ID: 1392556				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/01/2017		
through 12/31/2017		Page 26 of 39
NAME OF FILER GOVERN FOR CALIFORNIA COURAGE COMMITTEE		I.D. NUMBER 1392639

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GLAZER FOR SENATE 2020 Orinda, CA 94563	CTB			\$900.00
Committee ID: 1393610				
KILEY FOR ASSEMBLY 2018 Roseville, CA 95678	CTB			\$4,400.00
Committee ID: 1392453				
FRIENDS OF MARC LEVINE FOR ASSEMBLY 2018 SAN ANSELMO, CA 94960	CTB			\$1,800.00
Committee ID: 1392711				
STERN FOR SENATE 2020 Sacramento, CA 95815	CTB			\$500.00
Committee ID: 1392385				
RE-ELECT SCOTT WIENER FOR STATE SENATE 2020 San Francisco, CA 94102	CTB			\$1,100.00
Committee ID: 1392654				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/01/2017		
through 12/31/2017		Page 27 of 39
NAME OF FILER GOVERN FOR CALIFORNIA COURAGE COMMITTEE		I.D. NUMBER 1392639

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GOVERN FOR CALIFORNIA COURAGE COMMITTEE

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
MARSHALL TUCK FOR STATE SUPERINTENDENT OF PUBLIC INSTRUCTION 2018 Novato, CA 94949	CTB			\$7,300.00
Committee ID: 1395234				
ROBERT RIVAS FOR ASSEMBLY 2018 Hollister, CA 95023	CTB			\$4,400.00
Committee ID: 1399486				
MARK KERSEY FOR SENATE 2018 San Diego, CA 92119	CTB			\$4,400.00
Committee ID: 1397779				
STRIPE, INC. San Francisco, CA 94110			CREDIT CARD PROCESSING FEE	\$6.20
LOS ANGELES COUNTY YOUNG DEMOCRATS Sacramento, CA 95815	CTB			\$2,500.00
Committee ID: 921188				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through 12/31/2017		Page 28 of 39
NAME OF FILER GOVERN FOR CALIFORNIA COURAGE COMMITTEE		I.D. NUMBER 1392639

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GOVERN FOR CALIFORNIA COURAGE COMMITTEE

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CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
CATHARINE BAKER FOR ASSEMBLY 2018 Dublin, CA 94568 Committee ID: 1392518	CTB			\$4,400.00
ANNA CABALLERO FOR SENATE 2018 Sacramento, CA 95815 Committee ID: 1394879	CTB			\$4,400.00
MARK KERSEY FOR SENATE 2018 San Diego, CA 92119 Committee ID: 1397779	CTB			\$4,400.00
ROBERT RIVAS FOR ASSEMBLY 2018 Hollister, CA 95023 Committee ID: 1399486	CTB			\$4,400.00
BUFFY WICKS FOR ASSEMBLY 2018 Oakland, CA 94618 Committee ID: 1396734	CTB			\$4,400.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/01/2017		
through 12/31/2017		Page 29 of 39
NAME OF FILER GOVERN FOR CALIFORNIA COURAGE COMMITTEE		I.D. NUMBER 1392639

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GOVERN FOR CALIFORNIA COURAGE COMMITTEE

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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
STRIPE, INC. San Francisco, CA 94110			CREDIT CARD PROCESS FEE	\$29.80
STRIPE, INC. San Francisco, CA 94110			CREDIT CARD PROCESS FEE	\$6.20
STRIPE, INC. San Francisco, CA 94110			CREDIT CARD PROCESSING FEE	\$59.30
EVAN LOW FOR ASSEMBLY 2018 Sacramento, CA 95814	CTB			\$1,300.00
Committee ID: 1392357 STRIPE, INC. San Francisco, CA 94110			CREDIT CARD PROCESS FEE	\$295.30

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/01/2017		
through 12/31/2017		Page 30 of 39
NAME OF FILER GOVERN FOR CALIFORNIA COURAGE COMMITTEE		I.D. NUMBER 1392639

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GOVERN FOR CALIFORNIA COURAGE COMMITTEE

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
STRIPE, INC. San Francisco, CA 94110			CREDIT CARD PROCESS FEE	\$24.20
STRIPE, INC. San Francisco, CA 94110			CREDIT CARD PROCESS FEE	\$6.20
STRIPE, INC. San Francisco, CA 94110			CREDIT CARD PROCESS FEE	\$31.58
STRIPE, INC. San Francisco, CA 94110			CREDIT CARD PROCESS FEE	\$6.20

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$81,785.64

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 10/01/2017
through 12/31/2017

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GOVERN FOR CALIFORNIA COURAGE COMMITTEE

I.D. NUMBER
1392639

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP San Rafael, CA 95814	PRO	\$1,156.92	\$0.00	\$1,156.92	\$0.00
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP San Rafael, CA 95814	PRO	\$0.00	\$1,975.72	\$0.00	\$1,975.72
NIELSEN MERKSAMER PARRINELLO GROSS & LEONI LLP San Rafael, CA 95814	PRO	\$0.00	\$3,727.35	\$0.00	\$3,727.35

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$1,156.92 \$5,703.07 \$1,156.92 \$5,703.07

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$5,703.07
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$1,156.92
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$4,546.15
May be a negative number.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 32 of 39

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GOVERN FOR CALIFORNIA COURAGE COMMITTEE

I.D. NUMBER
1392639

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL*

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period from 10/01/2017 through 12/31/2017	CALIFORNIA FORM 460
	Page 33 of 39

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GOVERN FOR CALIFORNIA COURAGE COMMITTEE

I.D. NUMBER
1392639

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____% RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET (May be a negative number)

** If Required

Schedule I Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period	
from	10/01/2017
through	12/31/2017

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GOVERN FOR CALIFORNIA COURAGE COMMITTEE

I.D. NUMBER
1392639

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$.00

Schedule I Summary

- | | |
|--|---------------------|
| 1. Increases to cash of \$100 or more this period..... | \$.00 |
| 2. Unitemized increases to cash under \$100 this period. | \$.00 |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... | \$.00 |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... | TOTAL \$.00 |

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: INC289

RECEIVED THROUGH INTERMEDIARY GOVERN FOR CALIFORNIA NETWORK COMMITTEE, FPPC ID # 1383984, 2350 KERNER BLVD., SUITE 250 SAN RAFAEL, CA 94901

Memo Reference: INC290

RECEIVED THROUGH INTERMEDIARY GOVERN FOR CALIFORNIA NETWORK COMMITTEE, FPPC ID # 1383984, 2350 KERNER BLVD., SUITE 250 SAN RAFAEL, CA 94901

Memo Reference: INC291

RECEIVED THROUGH INTERMEDIARY GOVERN FOR CALIFORNIA NETWORK COMMITTEE, FPPC ID # 1383984, 2350 KERNER BLVD., SUITE 250 SAN RAFAEL, CA 94901

Memo Reference: INC292

RECEIVED THROUGH INTERMEDIARY GOVERN FOR CALIFORNIA NETWORK COMMITTEE, FPPC ID # 1383984, 2350 KERNER BLVD., SUITE 250 SAN RAFAEL, CA 94901

Memo Reference: INC293

RECEIVED THROUGH INTERMEDIARY GOVERN FOR CALIFORNIA NETWORK COMMITTEE, FPPC ID # 1383984, 2350 KERNER BLVD., SUITE 250 SAN RAFAEL, CA 94901

Memo Reference: INC294

RECEIVED THROUGH INTERMEDIARY GOVERN FOR CALIFORNIA NETWORK COMMITTEE, FPPC ID # 1383984, 2350 KERNER BLVD., SUITE 250 SAN RAFAEL, CA 94901

Memo Reference: INC295

RECEIVED THROUGH INTERMEDIARY GOVERN FOR CALIFORNIA NETWORK COMMITTEE, FPPC ID # 1383984, 2350 KERNER BLVD., SUITE 250 SAN RAFAEL, CA 94901

Memo Reference: INC296

RECEIVED THROUGH INTERMEDIARY GOVERN FOR CALIFORNIA NETWORK COMMITTEE, FPPC ID # 1383984, 2350 KERNER BLVD., SUITE 250 SAN RAFAEL, CA 94901

Memo Reference: INC297

RECEIVED THROUGH INTERMEDIARY GOVERN FOR CALIFORNIA NETWORK COMMITTEE, FPPC ID # 1383984, 2350 KERNER BLVD., SUITE 250 SAN RAFAEL, CA 94901

Memo Reference: INC298

RECEIVED THROUGH INTERMEDIARY GOVERN FOR CALIFORNIA NETWORK COMMITTEE, FPPC ID # 1383984, 2350 KERNER BLVD., SUITE 250 SAN RAFAEL, CA 94901

Memo Reference: INC304

MADE BY SPIEKER REALTY INVESTMENTS; RECEIVED THROUGH INTERMEDIARY GOVERN FOR CALIFORNIA NETWORK COMMITTEE, FPPC ID # 1383984, 2350 KERNER BLVD., SUITE 250 SAN RAFAEL, CA 94901

Memo Reference: INC300

RECEIVED THROUGH INTERMEDIARY GOVERN FOR CALIFORNIA NETWORK COMMITTEE, FPPC ID # 1383984, 2350 KERNER BLVD., SUITE 250 SAN RAFAEL, CA 94901

Memo Reference: INC301

RECEIVED THROUGH INTERMEDIARY GOVERN FOR CALIFORNIA NETWORK COMMITTEE, FPPC ID # 1383984, 2350 KERNER BLVD., SUITE 250 SAN RAFAEL, CA 94901

Memo Reference: INC302

RECEIVED THROUGH INTERMEDIARY GOVERN FOR CALIFORNIA NETWORK COMMITTEE, FPPC ID # 1383984, 2350 KERNER BLVD., SUITE 250 SAN RAFAEL, CA 94901

Memo Reference: INC303

RECEIVED THROUGH INTERMEDIARY GOVERN FOR CALIFORNIA NETWORK COMMITTEE, FPPC ID # 1383984, 2350 KERNER BLVD., SUITE 250 SAN RAFAEL, CA 94901

Memo Reference: EXP219

VOIDED; NOT-NEGOTIATED - ORIGINALLY ISSUED 7/26/17

Memo Reference: EXP220

RE-ISSUE; ORIGINALLY ISSUED 7/26/17

Memo Reference: EXP219

VOIDED; NOT-NEGOTIATED - ORIGINALLY ISSUED 7/26/17

Memo Reference: EXP220

RE-ISSUE; ORIGINALLY ISSUED 7/26/17
